

# Pro-Tips: Securing Qualifying Documentation



Log into your child's Medicaid, SNAP, or WIC online account/app and take a screenshot or picture of your child's current enrollment.



Use your child's current enrollment document or letter.



Reach out to your local SNAP, WIC, or Medicaid provider to request an active enrollment document for your child.

Always ensure your child's qualification document, letter, screenshot or picture includes:

- the child's name
- eligibility dates within past 12 months

DFCS - COUNTY NAME  
123 ROAD NAME  
CITY, STATE, 00000  
1-855-555-5555

DEPARTMENT OF HUMAN SERVICES  
DEPARTMENT OF COMMUNITY HEALTH  
DEPARTMENT OF PUBLIC HEALTH  
DEPARTMENT OF EARLY CARE AND LEARNING

Worker ID: 000000  
Worker Name: F Name  
Worker Phone Number: 000 000 0000  
Case Number: 00000000  
Client ID: 00000000

01/01/2022

NOTICE OF DECISION

CLIENT NAME  
CLIENT ADDRESS  
CITY, STATE, 00000

DATE: 01/01/2022 Report Medicaid Fra 4633-0986

Dear CLIENT NAME,

**FOOD STAMPS**

You are eligible for Food Stamps benefits. You will receive a debit card with a balance of \$1000.00 per month. You will have this debit card by 01/01/2022. There is a change in your Food Stamp eligibility. You will receive \$1000.00. For the month of 01/01/2022 to 01/31/2022, you will receive \$1000.00. There was a change in the eligibility of the following persons(s).

Program	Case Number	Reason
Client Name	XXXXXXXXXX	Removed
Food Stamps	000000000	Removed
Client Name 2	XXXXXXXXXX	Removed
Food Stamps	000000000	Removed
Client Name 3	XXXXXXXXXX	Removed
Food Stamps	000000000	Removed
Client Name 4	XXXXXXXXXX	Removed
Food Stamps	000000000	Removed

Here are the eligibility decisions for each person included in your benefits:

Client Name: Client Name Client ID: XXXXXXXXXX

State \*HealthConnection

Client Name  
123 Address Street  
City, State, 00000

Application Date: 01/01/2022  
Application Number: 00000000  
Person ID: 000000

Questions or need help?  
Call us at 1-855-555-5555 (Deaf and hard of hearing Use Relay service)

**Subject: Successful Enrollment**

Dear CLIENT NAME

We are writing to confirm your household's enrollment in the following Health Connection programs. We received your information and confirmed your eligibility to be in the individual(s) for the programs listed.

Individual	Program	Begin Date	End Date
Client Name	Medicaid (Retroactive)	01/01/2022	12/31/22
Partner Name	Medicaid (Retroactive)	01/01/2022	12/31/22
Child Name	Medicaid (Retroactive)	01/01/2022	12/31/22
Child Name	Medicaid	01/01/2022	12/31/22
Child Name	Medicaid	01/01/2022	12/31/22

0000 0000000  
123 ADDRESS STREET  
CITY, STATE, 00000

Case Identifier: 00000000  
Worker: Worker Name  
Date Generated: 01/01/2022

Your County DSS  
123 Address Street  
City, State 00000

CLIENT NAME  
123 Address Street  
City, State 00000

**Program: Medicaid**

**STATE ISSUED MEDICAID IDENTIFICATION (MID) CARD**

This is your Medicaid Identification card. This card is issued yearly. Each family member eligible for Medicaid will receive a separate card. You receive a new card when:

- you are initially determined eligible for Medicaid
- you change your (State) ACCESS Primary Care Provider (CC/PCA)
- you change your name
- it has been 12 months since your card was issued

Your county Department of Social Services (DSS) will notify you by mail of your first Social Security Number (SSN) for Medicaid billing purposes. You will receive a notice if you are eligible for Medicaid covered services. If you do not have your card, the provider may bill you.

At all times you must have your Medicaid card with you when you visit a health provider (doctor, hospital, or pharmacy). When you visit a health provider, you must show your Medicaid card and other insurance cards, including Medicare.

The Medicaid Identification card is **not** proof of Medicaid eligibility. It is the responsibility of the medical provider to verify if you are eligible for Medicaid covered services.

**FOR MORE INFORMATION, PLEASE READ THE BACK OF THIS LETTER**

THIS DOCUMENT CONTAINS PROTECTED HEALTH INFORMATION AND IS THE PROPERTY OF THE STATE OF CALIFORNIA. IT IS TO BE USED ONLY FOR THE PURPOSES SPECIFIED IN THIS LETTER.

\*(STATE) DEPT. OF HEALTH AND HUMAN SERVICES  
DIVISION OF HEALTH BENEFITS

Cut along dotted lines

ANNUAL MEDICAID IDENTIFICATION CARD

RECIPENT ID: 000000-00  
1-855-555-5555  
LIVE MED BY INNOVATIONS HEALTHCARE SOLUTIONS

RECIPENT NAME  
First Last Name  
MIDDLE  
YOUR COUNTY FAMILY PHYSICIAN  
123 ADDRESS STREET  
CITY, STATE, 0000-000  
000-000-0000

CHILD'S NAME

RECIPENT SIGNATURE  
ROR

“The application process is way faster than I thought it would be. You just have to enter basic information and the debit card works great. So many parents are looking for financial assistance, and once they understand how easy it is to sign in to SNAP or Medicaid to get the proper documentation, the rest is easy.”

- Teandra Pitts, mom, team manager, Pasadena Giants Youth Football League

# Pro-Tips: Obtención de Documentos Calificados



Inicie sesión en la cuenta de Medicaid, SNAP o WIC de su niño(a) vía internet o a través de su aplicación móvil y tome una foto o captura de pantalla de la matriculación actual de su niño o niña.



Use el documento o carta de inscripción actual de su niño(a).



Comuníquese con su proveedor local de SNAP, WIC o Medicaid y solicite un documento de inscripción activo de su niño(a).

Asegúrese siempre de que el documento de calificación de su niño(a), sea una carta, captura de pantalla o imagen, incluya:

- El nombre del niño(a).
- Fecha de elegibilidad dentro de los últimos 12 meses.

DFCS - COUNTY NAME  
123 ROAD NAME  
CITY, STATE, 00000  
1-555-555-5555

DEPARTMENT OF HUMAN SERVICES  
DEPARTMENT OF COMMUNITY HEALTH  
DEPARTMENT OF PUBLIC HEALTH  
DEPARTMENT OF EARLY CARE AND LEARNING

Worker ID: 00000  
Worker Name: J. Name  
Worker Phone Number: (000) 000-0000  
Case Number: 000000000  
Client ID: 000000000

01/01/2022

NOTICE OF DECISION

CLIENT NAME  
CLIENT ADDRESS  
CITY, STATE, 00000

DATE: 01/01/2022 Report Medicaid Fraud: 1-833-5688

Dear CLIENT NAME,

**FOOD STAMPS**

You are eligible for Food Stamps \$1000.00 per month. You will receive \$1000.00 per month through December 2022 unless there are changes in your financial circumstances.

For the month of January 2022 through February 2022, you will receive \$1000.00.

Program	Case Number	Reason
Client Name	XXXXXXXXXXXX	Removed
Food Stamps	000000000	Removed
Program	Case Number	Reason
Client Name 2	XXXXXXXXXXXX	Removed
Food Stamps	000000000	Removed
Program	Case Number	Reason
Client Name 3	XXXXXXXXXXXX	Removed
Food Stamps	000000000	Removed
Program	Case Number	Reason
Client Name 4	XXXXXXXXXXXX	Removed
Food Stamps	000000000	Removed

Here are the eligibility decisions for each person included in your benefits:  
Client Name: Client Name Client ID: XXXXXXXXXX

State HealthConnection

Client Name  
123 Address Street  
City, State, 00000

01/01/2022

Application Date: 01/01/2022  
Application Number: 00000000  
Person ID: 000000

Questions or need help?  
Call us at 1-855-555-5555 (Deaf and hard of hearing use Relay service)

**Subject: Successful Enrollment**

Dear CLIENT NAME

We are writing to confirm your household enrollment in the health coverage. We received your verification and have confirmed your eligibility for the programs listed.

Individual	Program	Begin Date	End Date
Client Name	Medicaid (Retroactive)	01/01/2022	12/31/22
Partner Name	Medicaid (Retroactive)	01/01/2022	12/31/22
Child Name	Medicaid (Retroactive)	01/01/2022	12/31/22
Child Name	Medicaid	01/01/2022	12/31/22
Child Name	Medicaid	01/01/2022	12/31/22

0000 0000000  
123 ADDRESS STREET  
CITY, STATE 00000

STATE OF TEXAS  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

Client Identifier: 00000000  
Worker: Worker Name  
Date Generated: 01/01/2022

CLIENT NAME  
123 Address Street  
City, State 00000

**Program: Medicaid**

**STATE ISSUED MEDICAID IDENTIFICATION (MID) CARD**

This is your Medicaid identification card. This card is issued yearly. Each family member eligible for Medicaid will receive a separate card. You receive a new card when:

- you are initially determined eligible for Medicaid
- you change your "State-ACCESS Primary Care Provider"
- you change your name
- it has been 12 months since your card was issued

Your county Department of Social Services will send you a notice when you are eligible for Medicaid telling you what you need to do to get your Medicaid ID card. You will also receive a notice anytime you are not eligible for Medicaid. You should have your ID card with you when you go to a medical provider, hospital, or pharmacy. When you visit a medical provider, hospital, or pharmacy, you should show your Medicaid ID card, along with any other insurance cards, including Medicare.

The Medicaid identification card is not proof of Medicaid eligibility. It is the responsibility of the medical provider to verify if you are eligible for Medicaid covered services. If you do not have your card, the provider may bill you.

**FOR MORE INFORMATION, PLEASE READ THE BACK OF THIS LETTER**

<STATE>-DEPT. OF HEALTH AND HUMAN SERVICES  
DIVISION OF HEALTH BENEFITS

Cut along dotted lines

ANNUAL MEDICAID IDENTIFICATION CARD

USE MEDICAY INNOVATIONS HEALTHCARE SOLUTIONS  
1-800-995-0000

CHILD'S NAME

RECIPIENT I.D. 00000000-00  
REC'D NAME: J. Name  
DOB: 00/00/00

YOUR COMMUNITY FAMILY PHYSICIAN  
123 ADDRESS STREET  
CITY, STATE 00000-000

000-000-0000

“El proceso de solicitud es mucho más rápido de lo que pensé. Solo debes ingresar información básica y la tarjeta de débito funciona muy bien. Muchos padres buscan ayuda financiera y, una vez que comprenden lo fácil que es registrarse en SNAP o Medicaid para obtener la documentación adecuada, el resto es fácil.”

- Teandra Pitts, madre, gerente de equipo, Pasadena Giants Youth Football League.